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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	JAB 1521-PCT-USA
First Named Inventor	Contreras, Roland Henri
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CELL DEATH RELATED DRUG TARGETS IN YEAST AND FUNGI

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) 

as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	YES      NO
99870141.1	EPO	07/01/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

[Page 1 of 4]

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)					
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number <input type="text"/> → <span style="border: 1px solid black; padding: 2px;">Place Customer Number Bar Code Label here</span> OR <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name	Registration Number	Name	Registration Number				
Michael Stark	32,495	Myra McCormack	36,602				
Steven P. Berman	24,772	Ellen C. Coletti	34,140				
Andrea L. Colby	30,194	Mary A. Appollina	34,087				
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <input type="text"/>		OR <input checked="" type="checkbox"/> Correspondence address below					
Name	Philip S. Johnson						
Address	Johnson & Johnson						
Address	One Johnson & Johnson Plaza						
City	New Brunswick	State	NJ				
Country	USA	Telephone	(732) 524-2359				
		Fax	(732) 524-2808				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)		Family Name or Surname					
Roland Henri		Contreras					
Inventor's Signature	<u>Roland Henri</u>			Date	10/03/01		
Residence: City	Gent	State		Country	Belgium		
Post Office Address	c/o University of Gent, K.L. Ledeganckstraat 35, B-9000 Gent, Belgium						
Post Office Address							
City	Schelderode/Merelbeke	State		ZIP	9820	Country	Belgium
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>3</u> of <u>4</u>	
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
<u>Marianne Denise</u>		<u>De Backer</u>					
Inventor's Signature	<u>D. Backer</u>						Date <u>10/16/2001</u>
Residence: City	<u>Beerse</u>	State		Country	Belgium <input checked="" type="checkbox"/>	Citizenship <input checked="" type="checkbox"/>	BE
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium						
Post Office Address							
City	San Diego	State	CA	ZIP	92122	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
<u>Walter Herman Maria Louis</u>		<u>Luyten</u>					
Inventor's Signature							Date
Residence: City	<u>Beerse</u>	State		Country	Belgium <input checked="" type="checkbox"/>	Citizenship <input checked="" type="checkbox"/>	BE
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium						
Post Office Address							
City	Turnhout	State		ZIP	2300	Country	Belgium
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
<u>Isabelle Karin Pieter</u>		<u>Lenaerts</u>					
Inventor's Signature							Date
Residence: City	<u>Gent</u>	State		Country	Belgium <input checked="" type="checkbox"/>	Citizenship <input checked="" type="checkbox"/>	BE
Post Office Address	c/o University of Gent, K.L. Ledeganckstraat 35, B-9000 Gent, Belgium						
Post Office Address							
City	Zoersel	State		ZIP	2980	Country	Belgium

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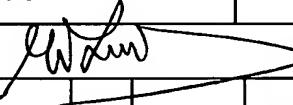
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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>4</u> of <u>4</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
<u>Bart Jozef Maria</u>		<u>Nelissen</u>					
<b>Inventor's Signature</b>						<b>Date</b>	<u>10/26/01</u>
<b>Residence: City</b>	<u>Beerse</u>	<b>State</b>		<b>Country</b>	<u>Belgium</u>	<b>Citizenship</b>	<u>BE</u>
<b>Post Office Address</b>	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium						
<b>Post Office Address</b>							
<b>City</b>	<u>Meerhout</u>	<b>State</b>		<b>ZIP</b>	<u>2450</u>	<b>Country</b>	<u>Belgium</u>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
<u>Rieka Josephina</u>		<u>Reekmans</u>					
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>	<u>Gent</u>	<b>State</b>		<b>Country</b>	<u>Belgium</u>	<b>Citizenship</b>	<u>BE</u>
<b>Post Office Address</b>	c/o University of Gent, K.L. Ledeganckstraat 35, B-9000 Gent, Belgium						
<b>Post Office Address</b>							
<b>City</b>	<u>Wevelgem</u>	<b>State</b>		<b>ZIP</b>	<u>8560</u>	<b>Country</b>	<u>Belgium</u>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>		<b>Citizenship</b>	
<b>Post Office Address</b>							
<b>Post Office Address</b>							
<b>City</b>		<b>State</b>		<b>ZIP</b>		<b>Country</b>	

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Please type a plus sign (+) inside this box → **DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 3 of 4

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Marianne Denise		De Backer					
Inventor's Signature						Date	
Residence: City	Beerse	State		Country	Belgium	Citizenship	BE
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium						
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City	San Diego	State	CA	ZIP	92122	Country	USA
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Given Name (first and middle [if any])		Family Name or Surname					
Walter Herman Maria Louis		Luyten					
Inventor's Signature						Date	10/26/01
Residence: City	Beerse	State		Country	Belgium	Citizenship	BE
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium						
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Given Name (first and middle [if any])		Family Name or Surname					
Isabelle Karin Pieter		Lenaerts					
Inventor's Signature						Date	
Residence: City	Gent	State		Country	Belgium	Citizenship	BE
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Marianne Denise		De Backer					
Inventor's Signature						Date	
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Given Name (first and middle [if any])		Family Name or Surname					
Isabelle Karin Pieter		Lenaerts					
Inventor's Signature	<u>Lenaerts</u>					Date	<u>10/03/01</u>
Residence: City	Gent	State		Country	Belgium	Citizenship	BE
Post Office Address	c/o University of Gent, K.L. Ledeganckstraat 35, B-9000 Gent, Belgium						
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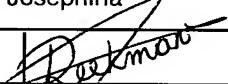
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Bart Jozef Maria				Nelissen			
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Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])				Family Name or Surname			
Rieka Josephina				Reekmans			
Inventor's Signature					Date	10/03/01	
Residence: City	Gent	State		Country	Belgium	Citizenship	BE
Post Office Address	c/o University of Gent, K.L. Ledeganckstraat 35, B-9000 Gent, Belgium						
Post Office Address							
City	Wevelgem	State		ZIP	8560	Country	Belgium
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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